Umboð - Power of attorney to handle my interest at Tryggingastofnun

UMS-973

I, the undersigned:

NAME OF PENSIONER	ID NUMBER OF PENSIONER

Hereby authorize the agent named in this power of attorney document, the rights to obtain and provide information regarding my payments, pension rights and to protect my interests at Tryggingastofnun (TR):

NAME OF AGENT	ID NUMBER OF AGENT

I also authorize that communication between the agent and TR to be done electronically in a secure area on ***My pages TR*** and/or by e-mail to the following e-mail address:

EMAIL	PHONENUMBER

This power of attorney is without time limit unless otherwise specified below:

Timelimit from date:	**Until date:**
Power of attorney, just for today, date:	

SIGNATURE OF PENSIONER

PLACE AND DATE	ID NUMBER	SIGNATURE OF PENSIONER

SIGNATURE OF WITNESSES

PLACE AND DATE	ID NUMBER	SIGNATURE OF WITNESSES